

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

GUIDANCE EXECUTIVE (GE)

Review of TA268; Ipilimumab for previously treated advanced (unresectable or metastatic) melanoma

Final recommendation post consultation

The guidance will move to the static list and the ongoing clinical guideline will refer to the technology appraisal rather than incorporate it verbatim. TA319 'Ipilimumab for previously untreated advanced (unresectable or metastatic) melanoma' will be considered for review in June 2017. If that review consideration finds evidence that also has implications for TA268, consideration may be given to a combined review of both pieces of guidance. Any such proposal will be the subject of a consultation.

1. Background

This guidance was issued in December 2012.

At the GE meeting of 16 December 2014 it was agreed that we would consult on the recommendations made in the GE proposal paper. A four week consultation has been conducted with consultees and commentators and the responses are presented below.

2. Proposal put to consultees and commentators

The guidance should be incorporated into an on-going clinical guideline. The current Patient Access Scheme for ipilimumab will remain in place.

3. Rationale for selecting this proposal

No new relevant clinical evidence has been found that would be expected to affect the recommendations of TA268.

4. Summary of consultee and commentator responses

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees.

<p>Respondent: British Association of Skin Cancer Specialist Nurses</p> <p>Response to proposal: Agree</p> <p>The British Association of Skin Cancer Specialist Nurses support TAG No.268 being moved to the static list and be incorporated into the new Melanoma Guidelines being developed by NICE (due to be published July 2015).</p>	<p>Comment from Technology Appraisals</p> <p>Comment noted</p>
<p>Respondent: National Cancer Research Institute, Royal College of Physicians, Royal College of Radiologists, Association of Cancer Physicians</p> <p>Response to proposal: Agree</p> <p>Our experts agree with the proposal that TA268 should be incorporated into the forthcoming clinical guideline for melanoma.</p>	<p>Comment from Technology Appraisals</p> <p>Comment noted</p>
<p>Respondent: National Collaborating Centre for Cancer</p> <p>Response to proposal: Agree</p> <p>The National Collaborating Centre for Cancer and the NICE melanoma guideline development group (GDG) support the decision to incorporate TA268 into the forthcoming clinical guideline for melanoma. We also support the decision to move TA268 to the static list.</p>	<p>Comment from Technology Appraisals</p> <p>Comment noted</p>

<p>Respondent: Roche Products</p> <p>Response to proposal: Agree</p> <p>Roche are comfortable with this proposal, and are not aware of any additional and relevant evidence and have no comments on the provisional matrix of consultees and commentators.</p> <p>We do, however, have a query on the difference in this recommended action compared to that proposed in the recent review of TA269 (Vemurafenib for treating locally advanced or metastatic BRAF V600 mutation-positive malignant melanoma). The Guidance Executive's proposal in the review of TA269 did not include a recommendation to transfer the existing guidance to the static list (in addition to incorporation into guideline), as proposed in this review of TA268. Given the similarity in the circumstances of these two reviews, a common recommendation from to Guidance Executive may have been anticipated.</p>	<p>Comment from Technology Appraisals</p> <p>Comments noted. The review proposal for TA269 recommended the guidance should be incorporated into an on-going guideline: such a recommendation also means that the technology appraisal guidance is moved to the static list until such time as the clinical guideline is considered for review. Therefore there is no difference between the recommended actions for review of 268 and 269.</p>
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<p>Respondent: British Association of Dermatologists</p> <p>Response to proposal: Agree</p> <p>Members of the committee agree with the proposal to incorporate guidance TA268 into the melanoma clinical guidelines.</p>	<p>Comment from Technology Appraisals</p> <p>Comment noted.</p>
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Paper signed off by: Janet Robertson – Associate Director, 2 April 2015

Contributors to this paper:

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